# FOR BHF USE

LL1

# 2005 STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2005)

#### IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I.		8596		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICE	ŒR
	Facility Name: Clark Manor Cnv Center  Address: 7433 North Clark Street Number  County: Cook	Chicago City	60626 Zip Code	I have examined the contents of the accompanying reports that of Illinois, for the period from	to 12/31/05 said contents with
	Telephone Number: (773) 338-8778  HFS ID Number: 363829755001	Fax # (773) 764-7449		is based on all information of which preparer has any know  Intentional misrepresentation or falsification of any info in this cost report may be punishable by fine and/or impris	rmation
	Date of Initial License for Current Owners:  Type of Ownership:	11/01/77		Officer or Administrator (Type or Print Name)	(Date)
	VOLUNTARY,NON-PROFIT Charitable Corp. Trust	X PROPRIETARY Individual Partnership	GOVERNMENTAL State County	of Provider (Title) (Signed)	
	IRS Exemption Code	Corporation X "Sub-S" Corp. Limited Liability Co. Trust	Other	Paid (Print Name and Title)  Jeffrey K. Singer, C.P.A.	(Date)
	In the event there are further questions about t Name:: Steve Lavenda	this report, please contact: Telephone Number: (847) 236	- 1111	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FA 201 S. Grand Avenue East	Field, IL 60015 Fax # (847) 236-1155 MILY SERVICES
		<del></del>		Springfield, IL 62763-0001	Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS Page 2

Faci	lity Name & ID Numl	ber Clark Manor	Cnv Center				# 0038596 Report Period Beginning: 01/01/05 Ending: 12/31/05	
	III. STATISTICA	AL DATA					D. How many bed-hold days during this year were paid by the Department?	
	A. Licensure/	certification level(s) o	f care; enter numbe	r of beds/bed days,			None (Do not include bed-hold days in Section B.)	
	(must agree	with license). Date of	change in licensed b	oeds	N/A			
				_			E. List all services provided by your facility for non-patients.	
	1	2		3	4		(E.g., day care, "meals on wheels", outpatient therapy)	
							None	
	Beds at				Licensed			
	Beginning of	Licensu	re	Beds at End of	Bed Days During		F. Does the facility maintain a daily midnight census?  Yes	
	Report Period	Level of		Report Period	Report Period			
	<b>F</b>				<b>F</b>		G. Do pages 3 & 4 include expenses for services or	
1	273	Skilled (SNI	<del>7)</del>	273	99,645	1	investments not directly related to patient care?	
2	270		atric (SNF/PED)	2.0	)	2	YES NO X	
3		Intermediat				3		
4		Intermediat	` ′			4	H. Does the BALANCE SHEET (page 17) reflect any non-care assets?	
5		Sheltered C	are (SC)			5	YES NO X	
6		ICF/DD 16	or Less			6		
							I. On what date did you start providing long term care at this location?	
7	273	TOTALS		273	99,645	7	Date started <u>11/1/1977</u>	
							J. Was the faci <u>lity p</u> urchased or leased after January 1, 1978?	
	B. Census-For	r the entire report per					YES Date NO X	
	1	2	3	4	5			
	Level of Care	·	by Level of Care an	d Primary Source of	Payment	_	K. Was the facility certified for Medicare during the reporting year?	
		Medicaid					YES X NO If YES, enter number	
		Recipient	Private Pay	Other	Total		of beds certified 33 and days of care provided 4,726	
_	SNF	18,027	82	4,726	22,835	8		
	SNF/PED					9	Medicare Intermediary Mutual of Omaha	_
	ICF	58,016	2,222	114	60,352	10		
	ICF/DD					11	IV. ACCOUNTING BASIS	
	SC					12	MODIFIED	
13	DD 16 OR LESS					13	ACCRUAL X CASH* CASH*	
14	TOTALS	76,043	2,304	4,840	83,187	14	Is your fiscal year identical to your tax year? YES X NO	
	C Doroont Oc	ccupancy. (Column 5,	line 14 divided by to	stal licancod			Tax Year: 12/31/05 Fiscal Year: 12/31/05	
		n line 7, column 4.)	83.48%	nai neenseu			* All facilities other than governmental must report on the accrual basis.	
		· · , · · · · · · · · · · · · · · · · ·	221.1370	=	SEE ACCOUNTAN	NTS' CC	COMPILATION REPORT	

STATE OF ILLINOIS Page 3 12/31/05 **Facility Name & ID Number Clark Manor Cnv Center** # 0038596 **Report Period Beginning:** 01/01/05 **Ending:** 

	V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)  Costs Per General Ledger Reclassified Adjust- Adjusted FOR OHF USE ONLY											
						Reclass-	Reclassified	Adjust-	Adjusted	FOR OHE	USE ONLY	
	Operating Expenses	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	316,766	28,141	17,837	362,744		362,744		362,744			1
2	Food Purchase		454,842		454,842	(91,980)	362,862	(125)	362,737			2
3	Housekeeping	286,186	73,447		359,633		359,633		359,633			3
4	Laundry	109,250	30,660		139,910		139,910		139,910			4
5	Heat and Other Utilities			260,849	260,849		260,849	(17,687)	243,162			5
6	Maintenance	29,916	14,309	134,470	178,695		178,695	(26,738)	151,957			6
7	Other (specify):*											7
8	TOTAL General Services	742,118	601,399	413,156	1,756,673	(91,980)	1,664,693	(44,550)	1,620,143			8
	B. Health Care and Programs											
	Medical Director			26,250	26,250		26,250		26,250			9
10	Nursing and Medical Records	2,867,680	172,556	43,828	3,084,064		3,084,064		3,084,064			10
10a	Therapy	317,801		1,361	319,162		319,162		319,162			10a
11	Activities	161,722	7,163		168,885		168,885		168,885			11
12	Social Services	215,958	4,434	7,481	227,873		227,873		227,873			12
13	CNA Training											13
14	Program Transportation			1,302	1,302		1,302		1,302			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,563,161	184,153	80,222	3,827,536		3,827,536		3,827,536			16
	C. General Administration											
17	Administrative	107,442		1,675,996	1,783,438		1,783,438	(806,018)	977,420			17
18	Directors Fees											18
19	Professional Services			105,283	105,283		105,283	(6,624)	98,659			19
20	Dues, Fees, Subscriptions & Promotions			58,022	58,022		58,022	(35,185)	22,837			20
21	Clerical & General Office Expenses	149,467	25,515	66,539	241,521		241,521	(16,229)	225,292			21
22	Employee Benefits & Payroll Taxes			917,179	917,179	91,980	1,009,159	(10,637)	998,522			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,612	5,612		5,612	(23)	5,589			24
25	Other Admin. Staff Transportation			12,154	12,154		12,154	(10,169)	1,985			25
26	Insurance-Prop.Liab.Malpractice			378,523	378,523		378,523		378,523			26
27	Other (specify):*							35,130	35,130			27
28	TOTAL General Administration	256,909	25,515	3,219,308	3,501,732	91,980	3,593,712	(849,755)	2,743,957			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,562,188	811,067	3,712,686	9,085,941	_	9,085,941	(894,305)	8,191,636	_		29
2)	(SUM OF lines 8, 10 & 28) *Attach a schedule if more than one type						SEE ACCOUNT			T		47

SEE ACCOUNTANTS' COMPILATION REPORT

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000. SEE ACCOUNTANTS' COMPILA' NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

#0038596

**Clark Manor Cnv Center** 

**Report Period Beginning:** 

01/01/05 Ending:

Page 4 12/31/05

# V. COST CENTER EXPENSES (continued)

			Cost Per Gener	al Ledger		Reclass-	Reclassified	Adjust-	Adjusted	FOR OHF	USE ONLY	
	Capital Expense	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			254,961	254,961		254,961	25,812	280,773			30
31	Amortization of Pre-Op. & Org.			10,400	10,400		10,400		10,400			31
32	Interest			607,622	607,622		607,622	(6,451)	601,171			32
33	Real Estate Taxes			347,887	347,887		347,887	(6,300)	341,587			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			1,023	1,023		1,023		1,023			35
36	Other (specify):*			155,005	155,005		155,005		155,005			36
37	TOTAL Ownership			1,376,898	1,376,898		1,376,898	13,061	1,389,959			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		491,448	2,038	493,486		493,486	(720)	492,766			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			149,468	149,468		149,468		149,468			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		491,448	151,506	642,954		642,954	(720)	642,234			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,562,188	1,302,515	5,241,090	11,105,793		11,105,793	(881,965)	10,223,828			45

<sup>\*</sup>Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**Report Period Beginning:** 

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

# 0038596

	III Column	1 2 below,	1	Refer-	hich the particul 3 OHF USE	ar cos
	NON-ALLOWABLE EXPENSES		Amount	ence	ONLY	
1	Day Care	\$			\$	1
2	Other Care for Outpatients					2
3	Governmental Sponsored Special Programs					3
4	Non-Patient Meals					4
5	Telephone, TV & Radio in Resident Rooms					5
6	Rented Facility Space					6
7	Sale of Supplies to Non-Patients					7
8	Laundry for Non-Patients					8
9	Non-Straightline Depreciation		25,812	30		9
10	Interest and Other Investment Income		(6,451)	32		10
11	Discounts, Allowances, Rebates & Refunds		· · · · · · · · · · · · · · · · · · ·			11
12	Non-Working Officer's or Owner's Salary					12
13	Sales Tax		(125)	02		13
14	Non-Care Related Interest					14
15	Non-Care Related Owner's Transactions					15
16	Personal Expenses (Including Transportation)					16
17	Non-Care Related Fees					17
18	Fines and Penalties					18
19	Entertainment		(23)	24		19
20	Contributions		(2,500)	20		20
21	Owner or Key-Man Insurance		(10,637)	22		21
22	Special Legal Fees & Legal Retainers					22
23	Malpractice Insurance for Individuals					23
24	Bad Debt		(5,911)	21		24
25	Fund Raising, Advertising and Promotional		(32,158)	20		25
	Income Taxes and Illinois Personal					
26	Property Replacement Tax		_			26
27	CNA Training for Non-Employees					27
28	Yellow Page Advertising		(527)	20		28
29	Other-Attach Schedule		(79,693)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$	(112,214)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

2

		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(769,751)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (769,751)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (881,965)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

			Yes	No	Amount	Reference	
Ī	38	Medically Necessary Transport.			\$		38
Ī	39						39
	40	Gift and Coffee Shops					40
	41	Barber and Beauty Shops					41
	42	Laboratory and Radiology					42
	43	Prescription Drugs					43
	44	Exceptional Care Program					44
	45	Other-Attach Schedule					45
	46	Other-Attach Schedule					46
	47	TOTAL (C): (sum of lines 38-46)			\$		47

	OHF USE ONLY					
48	4	49	50	51	52	

- 12	Clark Manor Cnv Center ID# ort Period Beginning:	0038596 01/01/05	-		
	Ending:	12/31/05	-		
			-	Sch. V Line	
	NON-ALLOWABLE I	EXPENSES	Amount	Reference	
1	Apartment Utilities		\$ (12,192)	05	1
2	Apartment R&M		(1,307)	06	2
3	Apartment Office Expense		(2,200)	21	3
5	Apartment Real Estate Tax	es	(6,300)	33	4
6	Franchise Tax		(579)	21	5
7	Theft and Damage Loss Capitalized R&M		(3,599) (25,431)	21 06	7
8	Non-allowable Auto		(10,169)	25	8
9	real-anomabile reals		(10,102)		9
10	Non-allowable Managemer	nt Fres	(450)	17	10
11	Bank Charges	H I CCS	(4,445)	21	11
12	Prior Period Adjustments:				12
13	Speech Therapy		(720)	39	13
14	Utilities		(5,495)	05	14
15					15
16	Non-allowable legal		(6,806)	19	16
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73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 99 90					76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91
73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93					76 77 78 80 81 82 83 84 85 86 87 88 89 90 91 92 93
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73 74 75 76 77 78 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97					76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97
73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99	Total		(79,693)		76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97

STATE OF ILLINOIS

Summary A Facility Name & ID Number Clark Manor Cnv Center
SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I # 0038596 Report Period Beginning: 01/01/05 **Ending:** 12/31/05

	SUMMARY OF PAGES 5, 5A, 6, 64	1, 0D, 0C, 0D,	or, or, og, o	ANDU			l	1	1				SUMMARY	
	On anoting Frances	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	
-	Operating Expenses A. General Services													
1	Dietary	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col	./)
2	Food Purchase	(125)						<u> </u>	<u> </u>				(125)	2
3	Housekeeping	(123)											(123)	3
4	Laundry													4
5	Heat and Other Utilities	(17,687)											(17,687)	_
6	Maintenance	(26,738)											(26,738)	
7	Other (specify):*	(20,750)											(20,700)	7
8	TOTAL General Services	(44,550)											(44,550)	8
Ť	B. Health Care and Programs	(11,000)											(11,000)	Ť
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs													16
	C. General Administration													
17	Administrative	(450)		(199,522)	(606,046)								(806,018)	17
18	Directors Fees													18
19	Professional Services	(6,806)		182									(6,624)	
20	Fees, Subscriptions & Promotions	(35,185)											(35,185)	
21	Clerical & General Office Expenses	(16,734)		350	155								(16,229)	
22	Employee Benefits & Payroll Taxes	(10,637)											(10,637)	
23	Inservice Training & Education													23
24	Travel and Seminar	(23)											(23)	
25	Other Admin. Staff Transportation	(10,169)											(10,169)	25
26	Insurance-Prop.Liab.Malpractice													26
27	Other (specify):*			329	34,801								35,130	27
28	TOTAL General Administration	(80,004)		(198,661)	(571,090)								(849,755)	28
	TOTAL Operating Expense													1
29	(sum of lines 8,16 & 28)	(124,554)		(198,661)	(571,090)								(894,305)	29

STATE OF ILLINOIS Summary B

Facility Name & ID Number Clark Manor Cnv Center # 0038596 Report Period Beginning: 01/01/05 Ending: 12/31/05

# SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

													SUMMARY	
	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	<b>6E</b>	<b>6F</b>	6 <b>G</b>	6H	<b>6I</b>	(to Sch V, col	
30	Depreciation	25,812											25,812	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(6,451)											(6,451)	32
33	Real Estate Taxes	(6,300)											(6,300)	33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	TOTAL Ownership	13,061											13,061	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(720)											(720)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers	(720)											(720)	44
	GRAND TOTAL COST		·											
45	(sum of lines 29, 37 & 44)	(112,214)		(198,661)	(571,090)								(881,965)	45

**Clark Manor Cnv Center** 

0038596

**Report Period Beginning:** 

01/01/05

**Ending:** 

#### VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1		2				3			
OWNERS		RELATED NURSING HOMES				OTHER RELATED BUSINESS ENTITIES			
Name	Ownership %	Name		City		Name	City	Type of Business	
See Attached		None		242424		JS Affiliates	Chicago, IL.	Mgmt Company	
						JLR Management	Lincolnwood, IL.	Mgmt Company	
				2.0.0.04					
				2.0.0.04					
				2.0.0.04					
				2000					
				2000					

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. X NO

	1		3 Cost Per General Ledger	4	5 Cost to Related Organization			8 Difference:	
			<del></del>			Percent	Operating Cost	Adjustments for	
Sche	Schedule V   Line   Item		Item	Amount Name of Related Organization		of	of Related	Related Organization	
						Ownership	Organization	Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	$\mathbf{V}$								6
7	V								7
8	V								8
9	$\mathbf{V}$								9
10	V				<u> </u>			_	10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

Clark	Manor	Cnv	Cente
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VII. RELATED PARTIES (continue	d)		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	<b>Operating Cost</b>	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	<b>Related Organization</b>	
					o de la companya de	Ownership	Organization	Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%			15
16	V	19	PROFESSIONAL FEES		JLR MANAGEMENT CORP.		182	182	16
17	V	21	OFFICE		JLR MANAGEMENT CORP.		350	350	17
18	V	27	PAYROLL TAXES		JLR MANAGEMENT CORP.		329	329	18
19	V								19
20	V								20
21	V	17	MARVIN NEEDLE-CONS. FEES		JLR MANAGEMENT CORP.				21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES	202,500				(202,500)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 202,500			\$ 3,839	\$ * (198,661)	39

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	S			1	Page 6B
#	0038596	Report Period Beginning:	01/01/05	<b>Ending:</b>	12/31/0

## VII. RELATED PARTIES (continued)

**Facility Name & ID Number** 

В.	Are any costs included in this report which are a result of transactions with	rela	ted organizatio	ons?	This includes rent
	management fees, purchase of supplies, and so forth.	X	YES		NO

**Clark Manor Cnv Center** 

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
						Ownership	Organization	Costs (7 minus 4)	
15	V	<b>17</b>	Management Fees	<b>\$</b> 1,095,046	J.S. Affiliates	100.00%	\$	\$ (1,095,046)	15
16	V	<b>17</b>	Administrative Fees	360,000	J.S. Affiliates	100.00%		(360,000)	
17	V	17	Administrative Salary		J.S. Affiliates	100.00%	849,000	849,000	17
18	V	27	Payroll Taxes		J.S. Affiliates	100.00%		34,801	18
19	V	21	Telephone Expense		J.S. Affiliates	100.00%	155	155	19
20	V								20
21	$\mathbf{V}$								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V							<u> </u>	37
38	V								38
39	Total			\$ 1,455,046			\$ 883,956	\$ * (571,090)	39

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

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#	0038596	Report Period Beginning:	01/01/05	<b>Ending:</b>	12/31/05

VII	REI.	ATED	PARTIES	(continued)
V 11.	NEL.	AILD	IANIES	(Conunueu)

**Facility Name & ID Number** 

В.	Are any costs included in this report which are a result of transactions with	ı rela	ted organizatio	ons? I	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

**Clark Manor Cnv Center** 

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sched	lule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
						Ownership	Organization	Costs (7 minus 4)	
15	V			\$		o whereas	\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Γotal			\$			\$	\$ *	39

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF IL	LINOIS				I	Page 6D	
	#	0038596	Report Period Reginning:	01/01/05	Ending:	12/31/05	

<b>Facility Name</b>	& ID Number	Clar

Clark I	V	[anor	Cnv	Cente
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#### VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, YES management fees, purchase of supplies, and so forth. NO

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
						Ownership			
15	V			\$		o whersing	\$	\$	15
16	V			*			-	•	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	<b>\$</b> *	39

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	5			P	Page 6E	
#	0038596	Report Period Beginning:	01/01/05	Ending:	12/31/05	

acility Name & 1D Number	Clark Ma	anor	Cnv	Ce

VII. RELATED PARTIES (continued)	
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B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

NO

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sche	edule V	Line	Item	Amount	Name of Related Organization	of	of Related Related Organiz		
						Ownership	Organization	Costs (7 minus 4)	
15	V			\$		_	\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

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Facility Name & ID Number	Clark Manor Cnv Center	#	0038596	Report Period Beginning:	01/01/05	Ending:	12/31/05

# VII. RELATED PARTIES (continued)

В.	Are any costs included in this report which are a result of transactions with	relat	ed organizatio	ns? T	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
						Ownership			
15	V			\$		o whersing	\$	\$	15
16	V			*			T	•	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	<b>\$</b> *	39

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

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#	0038596	Report Period Beginning:	01/01/05	<b>Ending:</b>	12/31/05	

VII. RELATED PARTIES (continu	ued)

**Facility Name & ID Number** 

В.	Are any costs included in this report which are a result of transactions with	rela	ted organizatio	ons? I	This includes rent
	management fees, purchase of supplies, and so forth.		YES		NO

**Clark Manor Cnv Center** 

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization		7	8 Difference:	
				Percent	Operating Cost	Adjustments for			
Schedule V		Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
							Organization		
15	V			\$		Ownership	\$	\$	15
16	V			*			T	•	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	<b>\$</b> *	39

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

	STATE OF ILLINO				P	Page 6H
Clark Manor Cnv Center	#	0038596	Report Period Beginning:	01/01/05	<b>Ending:</b>	12/31/05
		•	<del></del> -		•	

**Facility Name & ID Number** 

B.	3. Are any costs included in this report which are a result of transactions with related organizations? This includes rent,							
	management fees, purchase of supplies, and so forth.		YES		NO			
	If		£-11 :4:-	1 2				

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization		7	8 Difference:	
				Operating Cost	Adjustments for				
Schedule V		Line	Item	Amount	Name of Related Organization		of Related	Related Organization	
						of Ownership	Organization	Costs (7 minus 4)	
15	V			\$		o whereas	\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Γotal			\$			\$	\$ *	39

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

		STATE OF ILLINO				J	Page 61	
Facility Name & ID Number	Clark Manor Cnv Center	#	0038596	Report Period Beginning:	01/01/05	<b>Ending:</b>	12/31/05	

#### VII. RELATED PARTIES (continued)

В.	Are any costs included in this report which are a result of transactions with	h rela	ted organizati	ons?	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization		7	8 Difference:	
				Operating Cost	Adjustments for				
Schedule V		Line	Item	Amount	Name of Related Organization		of Related	Related Organization	
						of Ownership	Organization	Costs (7 minus 4)	
15	V			\$		o whereas	\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Γotal			\$			\$	\$ *	39

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

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#### VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work					1
					Compensation	Week Devo	oted to this	Compensati	on Included	Schedule V.	
					Received	Facility and	% of Total	in Costs	for this	Line &	
				Ownership	From Other	Work	Week	Reportin	ng Period**	Column	
	Name	Title	Function	Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
1	Jack Schnell	<b>Executive Director</b>	Administrative	10.94%	None	40.00	100.00%	Alloc. Sal	<b>\$ 216,000</b>	17-07	1
2	David Schnell	Manager	Administrative	2.07%	None	40.00	100.00%	Alloc. Sal	288,000	17-07	2
3	Morris Schabes	Manager	Administrative	1.32%	None	40.00	100.00%	Alloc. Sal	264,000	17-07, 17-01	3
4	Jonathon Schnell	Manager	Administrative	3.39%	None	40.00	100.00%	Alloc. Sal	81,000	17-07	4
5	Jack Rajchenbach	Owner	Administrative	20.09%	See Attached	2.00	3.08%	Alloc. Sal	2,978	17-07	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 851,978		13

<sup>\*</sup> If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

SEE ACCOUNTANTS' COMPILATION REPORT

<sup>\*\*</sup> This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).

FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,

ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

STATE	OF	ILLI	V	o	1
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# VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.)  YES  NO  X	City / State / Zip Code	
	Phone Number	( )
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1	2	3	4	5	6	7	8	9	$\top$
	Schedule V	_	Unit of Allocation	-	Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	Kelefence	Item	Square reet)	Total Ullits	Anocated Among	Anocateu	s in Column 0	Units	\$	1
2						Φ	Φ		Ψ	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18 19										18 19
20										20
21										21
22										21 22
23										23
24										24
	TOTALS					s	\$		\$	25

Facility Name & ID Number Clark Manor Cnv Center # 0038596 Report Period Beginning: 01/01/05 Ending: 12/31/05

#### VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	JLR MANAGEMENT CORP.
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	6633 NORTH LINCOLN
or parent organization costs? (See instructions.)  YES X  NO	City / State / Zip Code	LINCOLNWOOD, IL. 60712
	Phone Number	( 847) 679-9141
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	( 847) 679-1820

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		<b>Subunits Being</b>	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	<b>Total Units</b>	<b>Allocated Among</b>	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	17		AVG. HOURS WORKED		10	\$ 81,900	\$ 81,900	2	·	1
2		PROFESSIONAL FEES	AVG. HOURS WORKED		10	5,000		2	182	2
3		OFFICE	AVG. HOURS WORKED		10	9,614	9,614	2	350	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	9,055		2	329	4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17 18
18										
19 20										19 20
21										21
23										23
24										24
	TOTALC					¢ 141.965	0 01 514		φ 2.020	
25	TOTALS					\$ 141,865	\$ 91,514		\$ 3,839	25

SEE ACCOUNTANTS' COMPILATION REPORT

STATE	OF	ILI	ΙN	ΟI
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Page 8B **Report Period Beginning: Facility Name & ID Number Clark Manor Cnv Center** # 0038596 01/01/05 **Ending:** 12/31/05 VIII. ALLOCATION OF INDIRECT COSTS Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office **Street Address** City / State / Zip Code Phone Number or parent organization costs? (See instructions.) YES NO B. Show the allocation of costs below. If necessary, please attach worksheets. Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	<b>Total Units</b>	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			•		Ü	\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13 14										13
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22 23
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

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Page 8C **Report Period Beginning: Facility Name & ID Number Clark Manor Cnv Center** # 0038596 01/01/05 **Ending:** 12/31/05 VIII. ALLOCATION OF INDIRECT COSTS Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office **Street Address** City / State / Zip Code Phone Number or parent organization costs? (See instructions.) YES NO B. Show the allocation of costs below. If necessary, please attach worksheets. Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item		<b>Total Units</b>	Allocated Among	Allocated	in Column 6	Units		
1	Reference	item	Square Feet)	Total Units	Anocated Among	Anocated	th Column o	Units	(col.8/col.4)x col.6	1
2						Φ	<b>Þ</b>		Þ	1 2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21 22
23										23
24										23 24
	TOTALS					¢	\$		s	25
45	TOTALS					Φ	Φ		Φ	45

STATE	OF	ILLI	V	o	1
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Page 8D **Report Period Beginning: Facility Name & ID Number Clark Manor Cnv Center** # 0038596 01/01/05 **Ending:** 12/31/05 VIII. ALLOCATION OF INDIRECT COSTS Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office **Street Address** City / State / Zip Code Phone Number or parent organization costs? (See instructions.) YES NO B. Show the allocation of costs below. If necessary, please attach worksheets. Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	<b>Total Units</b>	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			•		Ü	\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13 14										13
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22 23
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

STATE	OF	ILI	ΙN	ΟI
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Page 8E **Report Period Beginning: Facility Name & ID Number Clark Manor Cnv Center** # 0038596 01/01/05 **Ending:** 12/31/05 VIII. ALLOCATION OF INDIRECT COSTS Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office **Street Address** City / State / Zip Code Phone Number or parent organization costs? (See instructions.) YES NO B. Show the allocation of costs below. If necessary, please attach worksheets. Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item		<b>Total Units</b>	Allocated Among	Allocated	in Column 6	Units		
1	Reference	Item	Square Feet)	Total Units	Anocated Among	Anocated	th Column o	Units	(col.8/col.4)x col.6	1
2						Φ	<b>Þ</b>		Þ	1 2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21 22
23										23
24										23 24
	TOTALS					¢	\$		s	25
45	TOTALS					Φ	Φ		Φ	45

STATE	OF	ILLI	V	o	1
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Page 8F **Report Period Beginning: Facility Name & ID Number Clark Manor Cnv Center** # 0038596 01/01/05 **Ending:** 12/31/05 VIII. ALLOCATION OF INDIRECT COSTS Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office **Street Address** City / State / Zip Code Phone Number or parent organization costs? (See instructions.) YES NO B. Show the allocation of costs below. If necessary, please attach worksheets. Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item		<b>Total Units</b>	Allocated Among	Allocated	in Column 6	Units		
1	Reference	Item	Square Feet)	Total Units	Anocated Among	Anocated	th Column o	Units	(col.8/col.4)x col.6	1
2						Φ	<b>Þ</b>		Þ	1 2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21 22
23										23
24										23 24
	TOTALS					¢	\$		s	25
45	TOTALS					Φ	Φ		Φ	45

STATE	OF	ILLI	V	o	1
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Page 8G # 0038596 Report Period Beginning: Facility Name & ID Number **Clark Manor Cnv Center Ending:** 12/31/05 01/01/05 VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.)	City / State / Zip Code	
	Phone Number	
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1 Schedule V	2	3 Unit of Allocation	4	5 Number of	6 Total Indirect	7 Amount of Salary	8	9	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
		Itom		Total Units	_					
1	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	1
2						Ψ	Ψ		Φ	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15 16
16 17										17
18										18
19										19
20										20
21										21
22										22
23										22 23
24										24
25	TOTALS					\$	\$		\$	25

STATE	OF	ILLI	V	o	1
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Page 8H **Report Period Beginning: Facility Name & ID Number Clark Manor Cnv Center** # 0038596 01/01/05 **Ending:** 12/31/05 VIII. ALLOCATION OF INDIRECT COSTS

#### Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office **Street Address** City / State / Zip Code Phone Number or parent organization costs? (See instructions.) YES NO B. Show the allocation of costs below. If necessary, please attach worksheets. Fax Number

	1	2	3	4	5	6	7	8	9	$\top$
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	<b>Total Units</b>	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	- Actor chice	10011	Square reet)	Total Chies	- Imocuted rimong	\$	\$	Cincs	\$	1
2						'			'	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10 11										10
12										11
13										12 13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

STATE	OF	ILLI	V	o	1
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Page 8I **Report Period Beginning: Facility Name & ID Number Clark Manor Cnv Center** # 0038596 01/01/05 **Ending:** 12/31/05

#### VIII. ALLOCATION OF INDIRECT COSTS Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Street Address City / State / Zip Code		
Phone Number	( )	
Fax Number	( )	_

	1 Schedule V	2	3 Unit of Allocation	4	5 Number of	6 Total Indirect	7 Amount of Salary	8	9	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
		Itom		Total Units	_					
1	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	1
2						Ψ	Ψ		Φ	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15 16
16 17										17
18										18
19										19
20										20
21										21
22										22
23										22 23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Clark Manor Cnv Center STATE OF ILLINOIS Page 9

# 0038596 Report Period Beginning: 01/01/05 Ending: 12/31/05

#### IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5		6	7	8	9	10	
	Name of Lender	Relate	ed**	Purpose of Loan	Monthly Payment	Date of		Amou	nt of Note	Maturity Date	Interest Rate	Reporting Period Interest	
		YES	NO	-	Required	Note	(	Original	Balance		(4 Digits)	Expense	
	A. Directly Facility Related												
	Long-Term												
1	US Bank		X	Mortgage			\$	7,650,000	\$	01/14/03		<b>\$</b> 20,882	1
2			X	Mortgage HUD					10,360,791			512,616	2
3			X	Auto Loan					10,854				3
4													4
5	See Supplemental Schedule												5
	Working Capital												
6	Shareholder Loan	X		Working Capital					625,728			11,943	6
7	US Bank		X	Working Capital				1,000,000	500,000			62,181	7
8	See Supplemental Schedule												8
9	TOTAL Facility Related						\$	8,650,000	\$ 11,497,373			\$ 607,622	9
	B. Non-Facility Related*												
10	Interest Income		X									(6,451)	
11													11
12													12
13	See Supplemental Schedule												13
14	TOTAL Non-Facility Related						\$		\$			\$ (6,451)	14
15	TOTALS (line 9+line14)						\$	8,650,000	\$ 11,497,373			\$ 601,171	15

<sup>16)</sup> Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 98,055 Line # 26

<sup>\*</sup> Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

<sup>\*\*</sup> If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Clark Manor Cnv Center STATE OF ILLINOIS Page 9 - SUPPLEMENTAL # 0038596 Report Period Beginning: 01/01/05 Ending: 12/31/05

### IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10	
										Reporting	
				Monthly				Maturity	Interest	Period	
	Name of Lender	Related**	Purpose of Loan	Payment	Date of		ınt of Note	Date	Rate	Interest	
		YES NO		Required	Note	Original	Balance		(4 Digits)	Expense	
	A. Directly Facility Related										
	Long-Term										
1						\$	\$			\$	1
2											2
3											3
4											4
5											5
6											6
7	TOTAL Long-Term										7
	Working Capital										
8						\$	\$			\$	8
9											9
10											10
11											11
12											12
13											13
14	<b>TOTAL Working Capital</b>										14
	B. Non-Facility Related*										
15						\$	\$			\$	15
16											16
17											17
18											18
19											19
20	TOTAL Non-Facility Related										20

<sup>\*</sup> Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

<sup>\*\*</sup> If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS

# 0038596 Report Period Beginning: 01/01/05 Ending: 12/31/05

Facility Name & ID Number Clark Manor Cnv Center

# IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

#### **B.** Real Estate Taxes

D. Real Estate Taxes						1
	<i>Important</i> , please see the next worksheet, "RE	_Tax". The real	estate tax statement and			<del>                                     </del>
1. Real Estate Tax accrual used on 2004 report.	bill must accompany the cost report.			\$	340,300	1
2. Real Estate Taxes paid during the year: (Indicate the t	ax year to which this payment applies. If payment covers me	ore than one year, de	tail below.)	\$	344,086	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3,786	3
4. Real Estate Tax accrual used for 2005 report. (Detail	and explain your calculation of this accrual on the lines belo	ow.)		\$	344,101	4
•	NOT been included in professional fees or other general or		adula V. sastions A. P. or C			
	es of invoices to support the cost and a copy o			\$		5
<ol><li>Subtract a refund of real estate taxes. You must offse classified as a real estate tax cost plus one-half of any</li></ol>	• • • • • • • • • • • • • • • • • • • •					
TOTAL REFUND \$ For	Tax Year. (Attach a copy of the real ex	state tax appeal	board's decision.)	\$		6
			,			<u> </u>
7. Real Estate Tax expense reported on Schedule V, line	33. This should be a combination of lines 3 thru 6.			\$	347,887	7
Real Estate Tax History:						
Deal Franks Terr Dill for Colon day Warm	242.217					1
Real Estate Tax Bill for Calendar Year: 2000 2001	343,317 8 336,446 9		FOR OHF USE ONLY			₩
2001	340,218 10	13	FROM R. E. TAX STATEMENT FOR	R 2004 \$		13
2003	336,609 11					
2004	344,086 12	14	PLUS APPEAL COST FROM LINE 5	5 \$		14
Accrual = 2004 actual tax  Adjusted out \$6,300 in Real Estate taxes for apartment (not	t-allowable)	15	LESS REFUND FROM LINE 6	¢		15
Aujusteu out 40,500 iii Real Estate taxes for apartment (110)	ranowanic)	13	LEGG REI GIAD I ROM EME 0	Ф		13
		16	AMOUNT TO USE FOR RATE CALC	CULATION \$		16

**NOTES:** 

- 1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
- 2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

#### IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

#### 2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FAC	TILITY NAME Clark Manor	Cnv Center		COUNTY	Cook	
FAC	ILITY IDPH LICENSE NUMBE	R 0038596				
CON	TACT PERSON REGARDING	THIS REPORT Steve Lavenda				
TEL	EPHONE (847)236-1111	FAX	#: (847)236-1	1155		
A.	Summary of Real Estate Tax (		<u> </u>			
	Enter the tax index number and cost that applies to the operation home property which is vacant,	real estate tax assessed for 2004 on of the nursing home in Column D. rented to other organizations, or use clude cost for any period other than	Real estate tax d for purposes	capplicable to other than long	any portion	of the nursing
	(A)	<b>(B)</b>		(C)		(D) <u>Tax</u> Applicable to
	Tax Index Number	Property Description		Total Tax		Nursing Home
1.	11-30-411-007-0000	Long Term Care	\$	101,348.71	\$	101,348.71
2.	11-30-411-005-0000	Long Term Care	\$	117,497.92	\$	117,497.92
3.	11-30-411-006-0000	Long Term Care	\$	117,497.92	\$_	117,497.92
4.	11-30-411-021-0000	Apartment Building	\$	6,285.46	\$	
5.	11-30-411-020-0000	Apartment Building	\$	1,455.77	\$_	
6.	·	· .	\$		\$_	
7.			\$		\$_	
8.			\$_		\$_	
9.			\$		\$_	
10.			\$		\$_	
		TOTAL	LS \$_	344,085.78	\$_	336,344.55
B.	Real Estate Tax Cost Allocation	o <u>ns</u>				
	Does any portion of the tax bill a used for nursing home services?	apply to more than one nursing hom YES X	e, vacant propo	erty, or propert	y which is n	not directly
		a schedule which shows the calcula st must be allocated to the nursing he				ome.

C. <u>Tax Bills</u>

 $Attach\ a\ copy\ of\ the\ original\ 2004\ tax\ bills\ which\ were\ listed\ in\ Section\ A\ to\ this\ statement.\ Be\ sure\ to\ use\ the\ 2004\ tax\ bill\ which\ is\ normally\ paid\ during\ 2005.$ 

Page 10A

#### IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

#### 2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FAC	ILITY NAME Clark Manor	Cnv Center		COUNTY	Cook	
FAC	ILITY IDPH LICENSE NUMBEI	R 0038596				
CON	TACT PERSON REGARDING T	THIS REPORT Steve La	venda			
TEL	EPHONE (847)236-1111		FAX #: (84	17)236-1155		
A.	Summary of Real Estate Tax C	Cost	_			
	Enter the tax index number and r cost that applies to the operation home property which is vacant, r entered in Column D. Do not inc	of the nursing home in C ented to other organizati	olumn D. Real ons, or used for p	estate tax applicable to surposes other than lor	any portion	of the nursing
	(A)	(B)		(C)		( <b>D</b> )
	<u>Tax Index Number</u>	Property Des	cription	Total Tax		Tax Applicable to Nursing Hom
1.				\$		
2.				\$		
3. 4.				\$		
5.				\$		
6.				\$ \$		
7.				\$		
8.				\$		
9.				\$	\$	
10.				\$	\$	
			TOTALS	\$	_	
B.	Real Estate Tax Cost Allocation	ns				
	Does any portion of the tax bill a used for nursing home services?	pply to more than one nu YES	rsing home, vaca		ty which is n	ot directly
	If YES, attach an explanation & (Generally the real estate tax cos					ome.

Page 10B

Attach a copy of the 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which

C. Tax Bills

is normally paid during 2005.

	ity Name & ID Number Clark Manoi			# 0038596 Repo	ort Period Beginning:	01/01/05 Ending:	12/31/05
X. BU	UILDING AND GENERAL INFORM	ATION:					
A.	Square Feet: 49,25	B. General Construction Type:	Exterior	Fra	me	Number of Stories	5
C.	Does the Operating Entity?	X (a) Own the Facility	(b) Rent from a R	elated Organization.		(c) Rent from Completely Unro	elated
	(Facilities checking (a) or (b) must o	complete Schedule XI. Those checking	(c) may complete Schedule X	I or Schedule XII-A. See i	instructions.)	Organization.	
D.	Does the Operating Entity?	X (a) Own the Equipment	(b) Rent equipmen	nt from a Related Organiz	zation.	(c) Rent equipment from Com Unrelated Organization.	pletely
	(Facilities checking (a) or (b) must o	complete Schedule XI-C. Those checking	g (c) may complete Schedule	XI-C or Schedule XII-B.	See instructions.)	ometated organization.	
E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  List entity name, type of business, square footage, and number of beds/units available (where applicable).  Apartment building: all expenses have been adjusted out on page 5. All costs are in the non-care section of page 13.							
F.	Does this cost report reflect any org If so, please complete the following:	anization or pre-operating costs which	are being amortized?		X YES	NO NO	
1.	Total Amount Incurred:	126,080	2.	Number of Years Over W	hich it is Being Amortized	d: <u>20</u>	
3.	<b>Current Period Amortization:</b>	10,400	4.	Dates Incurred:	2005		
		Nature of Costs: (Attach a complete schedule de	tailing the total amount of o	rganization and pre-oper	ating costs.)		
VI C	MANIEDCHID COCTC.	•	8		,		
AI. C	OWNERSHIP COSTS:	1	2	3	4		
	A. Land.	Use	Square Feet	Year Acquired	Cost		
		1 Facility		1977 \$	220,000	1	
		3 TOTALS		4	220 000	<del>-</del>	

STATE OF ILLINOIS

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STATE OF ILLINOIS

Page 12 12/31/05 Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 0038596 01/01/05 Ending:

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1		2	2   3   4   5   6   7   8						8	9	Т
		FOR BHF USE ONLY	Year	Year			Current Book	Life	Straight Line		Accumulated	
	Beds*		Acquired	Constructed		ost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4				1977	<b>\$</b> 3,	129,625	\$ 104,321		\$ 104,321	\$	\$ 2,312,446	4
5						•	·					5
6												6
7												7
8												8
	Impr	ovement Type**										
9	Various	• •		1977	I	50,000		20			33,889	9
10	Various			1984		35,709		20			26,927	10
11	Various			1985		25,843		20	721	721	17,517	11
12	Various			1986		40,628		20	2,031	2,031	27,359	12
13	Various			1987		11,439		20	572	572	6,864	13
14	Various			1988		14,754		20	738	738	8,855	14
15	Various			1989		16,022		20	801	801	9,613	15
16	Various			1990		18,810		20	940	940	11,282	16
	Various			1991		2,950		20	147	147	1,766	17
	Various			1992		70,740		20	3,538	3,538	42,452	18
19	Various			1993		15,908		20	795	795	9,542	19
20	Various			1994		41,939		20	2,095	2,095	23,731	20
	Various			1995		60,407		20	3,020	3,020	31,825	21
22	Various			1996		91,646		20	4,583	4,583	43,519	22
23	Various			1997		63,698		20	8,188	8,188	69,999	23
24	Various			1998		133,227		20	6,665	6,665	51,400	24
25	Various			1999		75,206		20	3,763	3,763	23,436	25
26	Various			2000		35,678		20	1,783	1,783	9,336	26
27	Various			2001		59,220		20	2,964	2,964	13,271	27
28												28
29 30												29
												30
31												31 32
33												33
34												34
35												35
36												36
30					I			I				30

<sup>\*</sup>Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total SEE ACCOUNTANTS' COMPILATION REPORT

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A 12/31/05 STATE OF ILLINOIS Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 0038596 01/01/05 Ending:

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58 59								58 59
60								60
61								61
62								62
63								63
64								64
65				1				65
66								66
67 Related Building Company (Pages 12-BLDG & 12A-BLDG)								67
68 Related Party Allocations (Pages 12-BEDG & 12A-BEDG)								68
69 Financial Statement Depreciation			78,632	<del> </del>	+	(78,632)		69
69 Financial Statement Depreciation 70 TOTAL (lines 4 thru 69)		\$ 4,093,449	\$ 182,953		\$ 147,665	\$ (35,288)	\$ 2,775,029	70

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12B 12/31/05 Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 0038596 01/01/05 Ending:

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12A, Carried Forward		<b>\$</b> 4,093,449	\$ 182,953		<b>\$</b> 147,665	\$ (35,288)	\$ 2,775,029	1
2 Boiler	2002	7,167		20	597	597	2,140	2
3 Mini Blinds Rooms	2002	970		20	49	49	190	3
4 Sheet Metal Contractor	2002	1,425		20	<b>71</b>	71	279	4
5 Lights	2002	550		20	28	28	105	5
6 Lines To Nurse Call Stations	2002	1,134		20	57	57	217	6
7 Water Feed Valve	2002	825		20	41	41	158	7
8 Lock Set System	2002	553		20	28	28	106	8
9 Controls & Motor	2002	1,585		20	79	79	297	9
10 3 Way Valve	2002	2,151		20	108	108	394	10
11 Walk In Cooler Repair	2002	905		20	45	45	162	1.
12 Tuck Pointing	2002	850		20	43	43	152	12
13 Insulation Contractor	2002	668		20	33	33	117	13
14 Rebuilt Pump	2002	653		20	33	33	114	14
15 Fire Alarm Repair	2002	503		20	25	25	88	13
16 Fire Alarm Repair	2002	3,248		20	162	162	568	10
17 Insulation Contractor	2002	3,197		20	160	160	533	1'
18 Fire Pump Repairs	2002	564		20	28	28	89	13
19 Insulation Contractor	2002	2,730		20	137	137	444	1
20 Boiler Coil	2002	1,975		20	99	99	321	2
21 Pipes & Contractor	2002	4,762		20	238	238	774	2
Honeywell Control	2002	655		20	33	33	106	2:
23 Boiler Control	2002	620		20	31	31	98	2.
24 Recharge Refridgerant	2002	735		20	37	37	116	2
25 Thermostat Switches	2002	1,230		20	62	62	215	2:
26 Motors & Bearings	2002	2,488		20	124	124	435	20
27 Elevator Overhaul	2002	22,600		20	1,130	1,130	4,049	2
28 Precision Pump	2003	13,975		20	699	699	1,456	28
29 Automated Temp Control	2003	2,080		20	104	104	251	2
30 Thermostat Control	2003	1,680		20	84	84	203	3
31 Motor & Valve	2003	2,422		20	121	121	363	3
32 Steamtable Wiring	2003	2,053		20	103	103	299	3
33 Boiler Pipes & Controls	2003	1,310		20	66	66	191	3
34 TOTAL (lines 1 thru 33)		\$ 4,181,712	\$ 182,953		\$ 152,320	\$ (30,633)	\$ 2,790,059	3

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12C 12/31/05 Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 01/01/05 Ending: 0038596

#### XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12B, Carried Forward		<b>\$</b> 4,181,712	\$ 182,953		\$ 152,320	\$ (30,633)	\$ 2,790,059	1
2 Bearing Assembly	2003	1,812		20	91	91	264	2
3 Burner Assembly & Valve	2003	1,447		20	72	72	211	3
4 Pipe Insulation	2003	1,941		20	<b>97</b>	97	275	4
5 Kitchen Drain Work	2003	860		20	43	43	122	5
6 Mini Blinds	2003	3,033		20	152	152	417	6
7 Bearing Assembly	2003	1,408		20	70	70	194	7
8 Dor-O-Matic	2003	521		20	26	26	72	8
9 Exhaust Fan Belts	2003	1,021		20	51	51	136	9
10 Valves	2003	2,785		20	139	139	371	10
11 Flonge Gate Valve	2003	2,085		20	104	104	278	11
12 Rs Motor Controls	2003	1,302		20	65	65	168	12
13 Valve Inlet & Outlet	2003	576		20	29	29	72	13
14 Water Pump For Ice	2003	685		20	69	69	166	14
15 Brackets, Motor, Fan	2003	665		20	33	33	80	15
16 Modulating Control	2003	777		20	39	39	91	16
17 Dryer Vents	2003	1,236		20	62	62	139	17
18 Modulating Stat	2003	590		20	30	30	66	18
19 Insulation	2003	2,186		20	109	109	246	19
20 Water Converter	2003	2,190		20	110	110	237	20
21 Elevator Locks	2003	1,390		20	70	70	151	21
22 Air Handler	2003	781		20	39	39	81	22
23 Building Imp	2003	2,602		20	260	260	672	23
24 Fridge Parts	2004	1,480		20	189	189	189	24
25 5 Ton Water Cooled A/C	2004	19,165		20	1,597	1,597	2,263	25
26 Water Heater Pump	2004	1,580		20	79	79	151	26
27 Heating Repairs	2004	2,215		20	111	111	212	27
28 Hvac Parts	2004	3,472		20	174	174	333	28
29 Heating Repairs	2004	690		20	35	35	58	29
30 Pipe Work	2004	2,390		20	120	120	239	30
31 Air Handler Repairs	2004	1,209		20	60	60	121	31
32 Valve Repairs	2004	846		20	42	42	85	32
33 Pipe Work	2004	1,252		20	63	63	115	33
34 TOTAL (lines 1 thru 33)		\$ 4,247,904	\$ 182,953		\$ 156,550	\$ (26,403)	\$ 2,798,334	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12D 12/31/05 Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 01/01/05 Ending: 0038596

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	$\top$
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12C, Carried Forward		\$ 4,247,904	\$ 182,953		\$ 156,550	\$ (26,403)	\$ 2,798,334	1
2 Pipe Repairs	2004	1,246		20	62	62	119	2
3 Hot Water System Repairs	2004	640		20	32	32	61	3
4 Pump	2004	676		20	34	34	62	4
5 A/C Repairs	2004	1,440		20	72	72	126	5
6 Boiler Repairs	2004	854		20	43	43	75	6
7 Boiler Repairs	2004	555		20	28	28	44	7
8 Walk In Cooler Repairs	2004	805		20	40	40	60	8
9 Thermostat & Temp Switch	2004	2,332		20	117	117	175	9
10 A/C Repairs	2004	1,107		20	55	55	78	10
11 Pump Repairs	2004	1,334		20	67	67	94	11
12 Laundry Room Repairs	2004	1,465		20	73	73	92	12
13 Thermostat Repairs	2004	670		20	34	34	42	13
14 Pipe Work	2004	2,895		20	145	145	181	14
15 Pipe Work	2004	1,625		20	81	81	102	15
16 Pipe Work	2004	1,965		20	98	98	115	16
17 Thermostat & Temp Switch	2004	2,820		20	141	141	165	17
18 Boiler Repairs	2004	1,471		20	74	74	86	18
19 Boiler Motor	2004	1,005		20	50	50	59	19
20 Thermostat Repairs	2004	2,925		20	146	146	158	20
21 Bathroom Repairs	2004	525		20	26	26	28	21
22 Kitchen Exhaust Fan Repairs	2004	920		20	46	46	50	22
23 Boiler Repairs	2004	705		20	35	35	38	23
24 Walk In Cooler Repairs	2004	1,398		20	70	70	76	24
25 Feeder Installation	2004	2,457		20	123	123	133	25
26 Telephone & Light Wiring	2004	1,046		20	105	105	192	26
27 Hvac Insulation	2004	1,680		20	140	140	257	27
28 Boiler Pump	2004	2,055		20	171	171	328	28
29 Boiler Parts	2004	2,815		20	<b>235</b>	235	450	29
30 Elevator Flooring	2004	596		20	30	30	52	30
31 Elevator Tiles	2004	600		20	30	30	48	31
32 Telephone/Tv Wiring	2004	999		20	100	100	158	32
33 Boiler Repair	2004	770		20	64	64	102	33
34 TOTAL (lines 1 thru 33)		\$ 4,292,300	\$ 182,953		\$ 159,117	\$ (23,836)	\$ 2,802,140	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12E 12/31/05 Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 0038596 01/01/05 Ending:

### XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	$\overline{}$
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12D, Carried Forward		\$ 4,292,300	\$ 182,953		\$ 159,117	\$ (23,836)	\$ 2,802,140	1
2 A/C Tower Parts	2004	3,489		20	291	291	460	2
3 Converter Pump	2004	674		20	56	56	89	3
4 A/C Parts	2004	1,199		20	100	100	158	4
5 Paint New Nursing Stations	2004	3,135		20	314	314	496	5
6 Hvac Overhaul	2004	19,202		20	1,600	1,600	2,534	6
7 A/C Pump And Condensate Line	2004	1,526		20	127	127	201	7
8 A/C Blower	2004	988		20	82	82	130	8
9 Alarm Service	2004	960		20	137	137	149	9
10 Built-In Cabinetry	2004	56,396		20	2,820	2,820	3,055	10
11 Electric Work	2004	31,076		20	1,554	1,554	1,683	11
12 Elevator System	2004	163,799		20	8,190	8,190	8,872	12
13 Alarm System	2004	172,947		20	8,647	8,647	9,368	13
14 Fire Doors & Installation	2004	18,200		20	910	910	986	14
15 Hvac, Coils, Dampers, Pump	2004	21,402		20	1,070	1,070	1,159	15
16 Architect Fees	2004	2,213		20	111	111	120	16
17 Electrical Wiring & Outlets Installation	2005	4,767		20	397	397	397	17
18 Hot Water Boiler	2005	19,503		20	1,625	1,625	1,625	18
19 Security Camera System	2005	11,981		20	1,426	1,426	1,426	19
20 Sheet Metal Contractor	2005	2,185		20	182	182	182	20
21 189 Outlets Installation	2005	17,285		20	1,584	1,584	1,584	21
22 Hot Warter Booster Heater	2005	2,404		20	184	184	184	22
23 Generator Radiator	2005	1,950		20	89	89	89	23
24 Amc - Vapor Proof Fix	2005	2,870		20	308	308	308	24
25 Comp. Mrtg Tech - Sec. Camera	2005	5,495		20	458	458	458	25
26 Online Comm Wiring Phone System	2005	14,575		20	972	972	972	26
27 Online Comm Cable Tv System	2005	12,225		20	815	815	815	27
28 C&W - New Furnace	2005	13,770		20	2,066	2,066	2,066	28
29 C & W - Motors Fir Exh. Fan	2005	915		20	137	137	137	29
30 Telephone System Wiring	2005	2,717		20	91	91	91	30
31 Security Camera System	2005	1,036		20	43	43	43	31
32 Roofing System	2005	8,000		20	333	333	333	32
33 Electrical Wiring	2005	787		20	33	33	33	33
34 TOTAL (lines 1 thru 33)		\$ 4,911,971	\$ 182,953		\$ 195,869	\$ 12,916	\$ 2,842,343	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12F 12/31/05 Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 01/01/05 Ending: 0038596

#### XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12E, Carried Forward		<b>\$</b> 4,911,971	\$ 182,953		\$ 195,869	\$ 12,916	\$ 2,842,343	1
2 Roofing System	2005	5,000		20	208	208	208	2
3 Roofing System	2005	4,600		20	192	192	192	3
4 A/C Chill Pump	2005	1,880		20	47	47	47	4
5 Building Locks	2005	10,000		20	167	167	167	5
6 Building Locks	2005	11,000		20	183	183	183	6
7 Electrical Wiring	2005	14,657		20	244	244	244	7
8 Building Locks	2005	962		20	16	16	16	8
9 Building Locks	2005	5,000		20	83	83	83	9
10 Bci - Phone System	2005	15,000		20	375	375	375	10
11 Rite Lock- Door Locks	2005	10,000		20	333	333	333	11
12 Amc - Wiring	2005	845		20	14	14	14	12
13 Bci - Tele Sys	2005	7,928		20	264	264	264	13
14 Bci - Tele Sys	2005	9,788		20	163	163	163	14
15 Bci - Tele Sys	2005	8,800		20	147	147	147	15
16 Rite Lock - Door Locks	2005	6,377		20	106	106	106	16
17 Bci - Tele Sys	2005	420		20	7	7	7	17
18 L&W - Boiler Work	2005	5,960		20	41	41	41	18
19 Pipe Work	2005	1,660		20	83	83	83	19
20 Copper Pipe & Fittings	2005	2,340		20	117	117	117	20
21 Piping Installation	2005	3,852		20	193	193	193	21
22 Fan Repair	2005	2,840		20	142	142	142	22
23 Replaced Temp. Controler	2005	2,760		20	138	138	138	23
24 Replaced Temp. Controler	2005	2,085		20	104	104	104	24
25 Heating Pump Repair	2005	1,880		20	94	94	94	25
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33			400.050		+ 400.000	± 4/3==		33
34 TOTAL (lines 1 thru 33)		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12G 12/31/05 Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 01/01/05 Ending: 0038596

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

I I I I I I I I I I I I I I I I I I I	3	4	5	6	7	8	9	Т
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12F, Carried Forward		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	1
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34 TOTAL (lines 1 thru 33)		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12H 12/31/05 Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 01/01/05 Ending: 0038596

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

I	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12G, Carried Forward		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	1
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33								33
34 TOTAL (lines 1 thru 33)		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12I 12/31/05 STATE OF ILLINOIS Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 01/01/05 Ending: 0038596

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12H, Carried Forward		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	1
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34 TOTAL (lines 1 thru 33)		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12J 12/31/05 STATE OF ILLINOIS Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 0038596 01/01/05 Ending:

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

I Sunding Depreciation-Including Fixed Equipment (See	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12I, Carried Forward		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	1
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33								33
34 TOTAL (lines 1 thru 33)		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12K 12/31/05 Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 01/01/05 Ending: 0038596

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

I	3	4	5	6	7	8	9	Т
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12J, Carried Forward		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	1
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32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 5,047,605	\$ 182,953		\$ 199,330	\$ 16,377	\$ 2,845,804	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS
# 0038596 Report Period Beginning: 01/01/05 Ending: 12/31/05

Facility Name & ID Number Clark Manor Cnv Center #

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	D. Dullui	ing Depreciation-including Fixed Equi	pinent (See instr	1 3	4	5	6	7	8	9	
	1	FOR OHF USE ONLY	Year	Year	7	Current Book	Life	Stroight Line	0	Accumulated	
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22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS
# 0038596 Report Period Beginning: 01/01/05 Ending: Page 12A-BLDG
12/31/05

Facility Name & ID Number Clark Manor Cnv Center

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line Depreciation		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$	\$		1\$	\$	\$	70

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS
# 0038596 Report Period Beginning:

Page 12-REP 12/31/05

01/01/05 Ending:

XI. OWNERSHIP COSTS (continued)

Facility Name & ID Number

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

**Clark Manor Cnv Center** 

	D. Dullul	ng Depreciation-including Fixed Equi									
	1		2	3	4	5	6	7	8	9	
		FOR OHF USE ONLY	Year	Year		Current Book	Life	Straight Line Depreciation		Accumulated	
	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Impro	ovement Type**									
9	<u>r</u>	JF				l		l		I	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A-REP 12/31/05 STATE OF ILLINOIS Facility Name & ID Number **Clark Manor Cnv Center Report Period Beginning:** 01/01/05 Ending: 0038596

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64 65
65								66
66 67								67
68								68
69								69
		¢	¢.	_	<b>6</b>	<b>6</b>	φ	
70 TOTAL (lines 4 thru 69)		\$	\$		<b>Þ</b>	\$	\$	70

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Page 13 Facility Name & ID Number **Clark Manor Cnv Center** 0038596 **Report Period Beginning:** 12/31/05 01/01/05 **Ending:** 

# XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of	1	Current Book	Straight Line	4	Component	Accumulated	
	Equipment	Cost	Depreciation 2	Depreciation 3	Adjustments	Life 5	Depreciation 6	
71	Purchased in Prior Years	\$ 619,707	\$ 36,460	\$ 51,876	\$ 15,416	10	\$ 459,546	71
72	Current Year Purchases	305,317	22,789	16,808	(5,981)	10	16,808	72
73	Fully Depreciated Assets	412,436				10	412,436	73
74								74
75	TOTALS	\$ 1,337,460	\$ 59,249	\$ 68,684	\$ 9,435		\$ 888,790	75

### **D.** Vehicle Depreciation (See instructions.)\*

	1	Model, Make	Year	4	Current Book	Straight Line	7	Life in	Accumulated	
	Use	and Year 2	Acquired 3	Cost	Depreciation 5	Depreciation 6	Adjustments	Years 8	Depreciation 9	
76	Facility	2003 LINCOLN AVIATOR	2003	<b>\$</b> 71,476	\$ 12,759	\$ 12,759	\$	5	\$ 41,707	76
77										77
78										78
79										79
80	TOTALS			\$ 71,476	\$ 12,759	\$ 12,759	\$		\$ 41,707	80

### E. Summary of Care-Related Assets

		Reference	Amount			
8	1 Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,6	676,541	81	]
8	2 Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 2	254,961	82	
8	3 Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 2	280,773	83	*:
8	4 Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	25,812	84	Ī
8	5 Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,7	776,301	85	1

# F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1		2	Current Book		Accun	nulated	
	Description & Year Acquired	(	Cost	Depreciation	3	Depre	ciation 4	
86	APARTMENT BUILDING - 1977	\$	30,000	\$		\$	30,000	86
87	Apartment - Land - 1900		30,000				30,000	87
88								88
89								89
90								90
91	TOTALS	\$	60,000	\$		\$	60,000	91

# **G.** Construction-in-Progress

	Description	Cost	
92	Addition	\$ 729,308	92
93			93
94			94
95		\$ 729,308	95

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

This must agree with Schedule V line 30, column 8.

Faci	lity Name & II	D Number	Clark Manor Cnv (	Center		STATE OF ILLINOIS # 0038596		ort Period E	Beginning:	01/01/05	Ending:	Page 14 12/31/05
XII.	<ol> <li>Name of I</li> <li>Does the f</li> </ol>	nd Fixed Equ Party Holding	ay real estate taxes in ad		amount shown below on		]NO					
5	Original Building: Additions	1 Year Constructe	Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option	3 4 5	Beginning Ending		_	
6 7	This amount by the ler 9. Option to B. Equipmen 15. Is Moval	unt was calcuingth of the lea Buy:  t-Excluding Toble equipment	ortization of lease expensional lated by dividing the totalse  YES  Transportation and Fixed trental included in build ovable equipment: \$	al amount to be  NO  I Equipment. (Sling rental?	amortized  Ferms:	*  YES X See Attached Schedule		6 7	Fiscal Year  12. 13. 14.		Annual R  \$ \$	
	C. Vehicle Re				3 Ionthly Lease Payment	(Attach a schedul  4  Rental Expense for this Period		eakdown of	* If there	is an option to l		
17 18 19 20 21	TOTAL			\$		\$	17 18 19 20 21		schedul ** This am	orovide completo e. nount plus any a must agree wit	mortization (	of lease

			S	STATE OF ILLI	NOIS					Page 15
Facility N	ame & ID Number Clark Manor Cnv C	enter			#	0038596	<b>Report Period Beginning:</b>	01/01/05	<b>Ending:</b>	12/31/05
XIII. EXP	PENSES RELATING TO CERTIFIED NURSE AII	DE (CNA) TRAINING	PROGRAMS (See	e instructions.)						
A. T	YPE OF TRAINING PROGRAM (If CNAs are tra	ined in another facility	y program, attach a	a schedule listing	the facility	name, addr	ess and cost per CNA trained in	n that facility.)		
	1. HAVE YOU TRAINED CNAs DURING THIS REPORT	YES 2.	CLASSROOM	PORTION:			3. CLINICAL PO	ORTION:	_	
	PERIOD?	X NO	IN-HOUSE PR	ROGRAM			IN-HOUSE PE	ROGRAM		
	If "yes", please complete the remainder		IN OTHER FA	CILITY			IN OTHER FA	ACILITY		
	of this schedule. If "no", provide an explanation as to why this training was		COMMUNITY	COLLEGE			HOURS PER	CNA		
	not necessary.		HOURS PER (	CNA						
В. Е	XPENSES	ALLOCATI	ON OF COSTS	(d)			C. CONTRACTUAL I	NCOME		
				. ,			In the box belo	w record the a	mount of i	ncome your
		1	2	3		4	facility receive			
		Fa	cility							
		Drop-outs	Completed	Contract		Total	\$			
1	Community College Tuition	\$	\$	\$	\$					
	Books and Supplies						D. NUMBER OF CNA	s TRAINED		
3	Classroom Wages (a)						_			
	Clinical Wages (b)						COMPLE			
	In-House Trainer Wages (c)						1. From this fa			
6	Transportation						2. From other	facilities (f)		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.

(e)

**Contractual Payments** 

10 SUM OF line 9, col. 1 and 2

8 CNA Competency Tests

TOTALS

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

DROP-OUTS

2. From other facilities (f)

TOTAL TRAINED

1. From this facility

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

**Report Period Beginning:** 

01/01/05 Ending:

Page 16 12/31/05

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
		Schedule V	Stafi	f	Outsid	le Practitioner	Supplies			
	Service	Line & Column	Units of	Cost	(other t	han consultant)	(Actual or)	Total Units	<b>Total Cost</b>	
		Reference	Service		Units	Cost	Allocated)	(Column 2 + 4)	(Col. $3 + 5 + 6$ )	
1	Licensed Occupational Therapist	39 - 02	hrs	\$		\$	\$ 89,633	\$	89,633	1
	Licensed Speech and Language									
2	Development Therapist	39 - 03	hrs			2,038			2,038	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 02	hrs				230,858		230,858	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
			# of							
9	Pharmacy	39 - 02	prescrpts				141,472		141,472	9
	Psychological Services									
	(Evaluation and Diagnosis/									
10	Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental						29,485		29,485	13
14	TOTAL			\$		\$ 2,038	\$ 491,448	\$	493,486	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number **Clark Manor Cnv Center** XV. BALANCE SHEET - Unrestricted Operating Fund.

0038596 Report Period Beginning: As of 12/31/05 (last day of reporting year)

01/01/05

	This report must be completed even	if fina	ancial stateme		
		1	perating	2 After Consolidation*	
	A. Current Assets		perating	Consolidation	
1	Cash on Hand and in Banks	\$	2,082,215	<b> </b> \$	1
2	Cash-Patient Deposits	Ψ		Ψ	2
	Accounts & Short-Term Notes Receivable-				
3	Patients (less allowance )		2,135,637		3
4	Supply Inventory (priced at )		5,000		4
5	Short-Term Investments		- 7,		5
6	Prepaid Insurance		90,110		6
7	Other Prepaid Expenses	1	109,652		7
8	Accounts Receivable (owners or related parties)		21,368		8
9	Other(specify): See Attached Schedule		257		9
	TOTAL Current Assets				
10	(sum of lines 1 thru 9)	\$	4,444,239	\$	10
	B. Long-Term Assets				
11	Long-Term Notes Receivable				11
12	Long-Term Investments				12
13	Land		250,000		13
14	Buildings, at Historical Cost		3,159,625		14
15	Leasehold Improvements, at Historical Cost		1,162,716		15
16	Equipment, at Historical Cost		1,805,058		16
17	Accumulated Depreciation (book methods)		(4,789,836)		17
18	Deferred Charges		126,080		18
19	Organization & Pre-Operating Costs				19
	Accumulated Amortization -				
20	Organization & Pre-Operating Costs				20
21	Restricted Funds				21
22	Other Long-Term Assets (specify):				22
23	Other(specify): See Attached Schedule		1,049,227		23
	TOTAL Long-Term Assets				
24	(sum of lines 11 thru 23)	\$	2,762,870	\$	24
	TOTAL ASSETS				
25	(sum of lines 10 and 24)	\$	7,207,109	\$	25

		1 0	perating	2 After Consolidation*	
	C. Current Liabilities				
26	Accounts Payable	\$	365,953	\$	26
27	Officer's Accounts Payable				27
28	Accounts Payable-Patient Deposits				28
29	Short-Term Notes Payable		123,752		29
30	Accrued Salaries Payable		163,686		30
	Accrued Taxes Payable				
31	(excluding real estate taxes)		14,892		31
32	Accrued Real Estate Taxes(Sch.IX-B)		344,101		32
33	Accrued Interest Payable		158,715		33
34	Deferred Compensation				34
35	Federal and State Income Taxes				35
	Other Current Liabilities(specify):				
36	See Attached Schedule		24,688		36
37					37
	TOTAL Current Liabilities				
38	(sum of lines 26 thru 37)	\$	1,195,787	\$	38
	D. Long-Term Liabilities				
39	Long-Term Notes Payable		1,125,728		39
40	Mortgage Payable		10,247,893		40
41	Bonds Payable				41
42	Deferred Compensation				42
	Other Long-Term Liabilities(specify):				
43	See Attached Schedule				43
44					44
	TOTAL Long-Term Liabilities				
45	(sum of lines 39 thru 44)	\$	11,373,621	\$	45
	TOTAL LIABILITIES				
46	(sum of lines 38 and 45)	\$	12,569,408	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$	(5,362,299)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$	7,207,109	\$	48

STATE OF ILLINOIS Page 18 0038596 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

Facility Name & ID Number Clark Manor Cnv Center
XVI. STATEMENT OF CHANGES IN EQUITY

	IANGES IN EQUIT		1	
			Total	
1	Balance at Beginning of Year, as Previously Reported	\$	(4,298,532)	1
2	Restatements (describe):			2
3				3
4				4
5				5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	(4,298,532)	6
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)		(1,063,767)	7
8	Aquisitions of Pooled Companies			8
9	Proceeds from Sale of Stock			9
10	Stock Options Exercised			10
11	Contributions and Grants			11
12	Expenditures for Specific Purposes			12
13	Dividends Paid or Other Distributions to Owners	(	)	13
14	Donated Property, Plant, and Equipment			14
15	Other (describe)			15
16	Other (describe)			16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$	(1,063,767)	17
	B. Transfers (Itemize):			
18				18
19				19
20				20
21				21
22				22
23	TOTAL Transfers (sum of lines 18-22)	\$		23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$	(5,362,299)	24

<sup>\*</sup> This must agree with page 17, line 47.

**Report Period Beginning:** 

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1	
1	

			1	
1   Gross Revenue All Levels of Care   \$ 9,730,765   2   Discounts and Allowances for all Levels   (975,504)   3   SUBTOTAL Inpatient Care (line 1 minus line 2)   \$ 8,755,261			Amount	
Discounts and Allowances for all Levels				
3 SUBTOTAL Inpatient Care (line I minus line 2) \$ 8,755,261  B. Ancillary Revenue  4 Day Care 5 Other Care for Outpatients 6 Therapy 976,906 7 Oxygen 8 SUBTOTAL Ancillary Revenue (lines 4 thru 7) \$ 976,906  C. Other Operating Revenue 9 Payments for Education 10 Other Government Grants 11 CNA Training Reimbursements 12 Gift and Coffee Shop 13 Barber and Beauty Care 14 Non-Patient Meals 15 Telephone, Television and Radio 16 Rental of Facility Space 17 Sale of Drugs 18 Sale of Supplies to Non-Patients 19 Laboratory 6,609 20 Radiology and X-Ray 2,673 21 Other Medical Services 23,607 22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22 \$ 208,284  D. Non-Operating Revenue 24 Contributions 25 Interest and Other Investment Income*** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):**** 27 Settlement Income (Insurance, Legal, Etc.) 28 See Supplemental Schedule	_		\$	1
B. Ancillary Revenue 4 Day Care 5 Other Care for Outpatients 6 Therapy 976,906 7 Oxygen 8 SUBTOTAL Ancillary Revenue (lines 4 thru 7) \$ 976,906 C. Other Operating Revenue 9 Payments for Education 10 Other Government Grants 11 CNA Training Reimbursements 12 Gift and Coffee Shop 13 Barber and Beauty Care 14 Non-Patient Meals 15 Telephone, Television and Radio 16 Rental of Facility Space 17 Sale of Drugs 18 Sale of Supplies to Non-Patients 19 Laboratory 20 Radiology and X-Ray 21 Other Medical Services 22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) 24 Contributions 25 Interest and Other Investment Income*** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) E. Other Revenue (specify):**** 27 Settlement Income (Insurance, Legal, Etc.) 28 See Supplemental Schedule 95,124			(975,504)	2
4 Day Care 5 Other Care for Outpatients 6 Therapy 7 Oxygen 8 SUBTOTAL Ancillary Revenue (lines 4 thru 7) 9 Payments for Education 10 Other Government Grants 11 CNA Training Reimbursements 12 Gift and Coffee Shop 13 Barber and Beauty Care 14 Non-Patient Meals 15 Telephone, Television and Radio 16 Rental of Facility Space 17 Sale of Drugs 18 Sale of Supplies to Non-Patients 19 Laboratory 20 Radiology and X-Ray 21 Other Medical Services 22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) 24 Contributions 25 Interest and Other Investment Income*** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) 28 See Supplemental Schedule 29 Sittlement Income (Insurance, Legal, Etc.) 28 See Supplemental Schedule	3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,755,261	3
Solution   State   S				
6 Therapy	4			4
7 Oxygen  8 SUBTOTAL Ancillary Revenue (lines 4 thru 7) \$ 976,906  C. Other Operating Revenue  9 Payments for Education  10 Other Government Grants  11 CNA Training Reimbursements  12 Gift and Coffee Shop  13 Barber and Beauty Care  14 Non-Patient Meals  15 Telephone, Television and Radio  16 Rental of Facility Space  17 Sale of Drugs  18 Sale of Supplies to Non-Patients  19 Laboratory  20 Radiology and X-Ray  21 Other Medical Services  22 Laundry  23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284  D. Non-Operating Revenue  24 Contributions  25 Interest and Other Investment Income***  26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  95,124	5	Other Care for Outpatients		5
8 SUBTOTAL Ancillary Revenue (lines 4 thru 7) \$ 976,906  C. Other Operating Revenue  9 Payments for Education  10 Other Government Grants  11 CNA Training Reimbursements  12 Gift and Cottee Shop  13 Barber and Beauty Care  14 Non-Patient Meals  15 Telephone, Television and Radio  16 Rental of Facility Space  17 Sale of Drugs  18 Sale of Supplies to Non-Patients  19 Laboratory  20 Radiology and X-Ray  21 Other Medical Services  22 Laundry  23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284  D. Non-Operating Revenue  24 Contributions  25 Interest and Other Investment Income***  26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  95,124	-		976,906	6
C. Other Operating Revenue  9 Payments for Education  10 Other Government Grants  11 CNA Training Reimbursements  12 Gift and Coffee Shop  13 Barber and Beauty Care  14 Non-Patient Meals  15 Telephone, Television and Radio  16 Rental of Facility Space  17 Sale of Drugs  18 Sale of Supplies to Non-Patients  19 Laboratory  20 Radiology and X-Ray  21 Other Medical Services  22 Laundry  23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)  24 Contributions  25 Interest and Other Investment Income***  26 GUBTOTAL Non-Operating Revenue (lines 24 and 25)  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  95,124	7	Oxygen		7
9 Payments for Education 10 Other Government Grants 11 CNA Training Reimbursements 12 Gift and Coffee Shop 13 Barber and Beauty Care 14 Non-Patient Meals 15 Telephone, Television and Radio 16 Rental of Facility Space 17 Sale of Drugs 17 Sale of Supplies to Non-Patients 19 Laboratory 20 Radiology and X-Ray 20 Radiology and X-Ray 21 Other Medical Services 22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284  D. Non-Operating Revenue 24 Contributions 25 Interest and Other Investment Income*** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):**** 27 Settlement Income (Insurance, Legal, Etc.) 28 See Supplemental Schedule 95,124	8		\$ 976,906	8
10 Other Government Grants 11 CNA Training Reimbursements 12 Gift and Coffee Shop 13 Barber and Beauty Care 14 Non-Patient Meals 15 Telephone, Television and Radio 16 Rental of Facility Space 17 Sale of Drugs 18 Sale of Supplies to Non-Patients 19 Laboratory 19 Laboratory 20 Radiology and X-Ray 21 Other Medical Services 22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284  D. Non-Operating Revenue 24 Contributions 25 Interest and Other Investment Income*** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):**** 27 Settlement Income (Insurance, Legal, Etc.) 28 See Supplemental Schedule 295,124		C. Other Operating Revenue		
11       CNA Training Reimbursements         12       Gift and Coffee Shop         13       Barber and Beauty Care         14       Non-Patient Meals         15       Telephone, Television and Radio         16       Rental of Facility Space         17       Sale of Drugs         18       Sale of Supplies to Non-Patients         19       Laboratory         20       Radiology and X-Ray       2,673         21       Other Medical Services       23,607         22       Laundry       23         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284         D. Non-Operating Revenue       24         24       Contributions       25         25       Interest and Other Investment Income***       6,451         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451         E. Other Revenue (specify):*****         27       Settlement Income (Insurance, Legal, Etc.)         28       See Supplemental Schedule       95,124	9			9
12       Gift and Coffee Shop         13       Barber and Beauty Care         14       Non-Patient Meals         15       Telephone, Television and Radio         16       Rental of Facility Space         17       Sale of Drugs         18       Sale of Supplies to Non-Patients         19       Laboratory         20       Radiology and X-Ray       2,673         21       Other Medical Services       23,607         22       Laundry       23         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284         D. Non-Operating Revenue       24         24       Contributions       6,451         25       Interest and Other Investment Income***       6,451         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451         E. Other Revenue (specify):*****         27       Settlement Income (Insurance, Legal, Etc.)         28       See Supplemental Schedule       95,124	10	Other Government Grants		10
13       Barber and Beauty Care         14       Non-Patient Meals         15       Telephone, Television and Radio         16       Rental of Facility Space         17       Sale of Drugs         18       Sale of Supplies to Non-Patients         19       Laboratory         20       Radiology and X-Ray       2,673         21       Other Medical Services       23,607         22       Laundry       23         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$       208,284         D. Non-Operating Revenue       24         24       Contributions       6,451         25       Interest and Other Investment Income***       6,451         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$       6,451         E. Other Revenue (specify):*****         27       Settlement Income (Insurance, Legal, Etc.)         28       See Supplemental Schedule       95,124				11
14       Non-Patient Meals         15       Telephone, Television and Radio         16       Rental of Facility Space         17       Sale of Drugs         18       Sale of Supplies to Non-Patients         19       Laboratory         20       Radiology and X-Ray       2,673         21       Other Medical Services       23,607         22       Laundry       23         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$       208,284         D. Non-Operating Revenue       24         24       Contributions       6,451         25       Interest and Other Investment Income***       6,451         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$       6,451         E. Other Revenue (specify):*****         27       Settlement Income (Insurance, Legal, Etc.)         28       See Supplemental Schedule       95,124				12
15       Telephone, Television and Radio         16       Rental of Facility Space         17       Sale of Drugs         18       Sale of Supplies to Non-Patients         19       Laboratory         20       Radiology and X-Ray         21       Other Medical Services         22       Laundry         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22)         24       Contributions         25       Interest and Other Investment Income***         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)         27       Settlement Income (Insurance, Legal, Etc.)         28       See Supplemental Schedule         28       See Supplemental Schedule	13			13
16         Rental of Facility Space           17         Sale of Drugs         175,395           18         Sale of Supplies to Non-Patients         6,609           20         Radiology and X-Ray         2,673           21         Other Medical Services         23,607           22         Laundry         208,284           D. Non-Operating Revenue         24           24         Contributions         6,451           25         Interest and Other Investment Income***         6,451           26         SUBTOTAL Non-Operating Revenue (lines 24 and 25)         6,451           E. Other Revenue (specify):*****         27         Settlement Income (Insurance, Legal, Etc.)           28         See Supplemental Schedule         95,124	14			14
17       Sale of Drugs       175,395         18       Sale of Supplies to Non-Patients         19       Laboratory       6,609         20       Radiology and X-Ray       2,673         21       Other Medical Services       23,607         22       Laundry       23         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284         D. Non-Operating Revenue       24         24       Contributions       6,451         25       Interest and Other Investment Income***       6,451         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451         E. Other Revenue (specify):****         27       Settlement Income (Insurance, Legal, Etc.)         28       See Supplemental Schedule       95,124				15
18 Sale of Supplies to Non-Patients         6,609           19 Laboratory         6,609           20 Radiology and X-Ray         2,673           21 Other Medical Services         23,607           22 Laundry         23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284           D. Non-Operating Revenue         5 Interest and Other Investment Income***           25 Interest and Other Investment Income***         6,451           26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451         6,451           E. Other Revenue (specify):****         27 Settlement Income (Insurance, Legal, Etc.)           28 See Supplemental Schedule         95,124	16			16
19   Laboratory   6,609     20   Radiology and X-Ray   2,673     21   Other Medical Services   23,607     22   Laundry   23   SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284     D. Non-Operating Revenue     24   Contributions   25   Interest and Other Investment Income***   6,451     26   SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451     E. Other Revenue (specify):****     27   Settlement Income (Insurance, Legal, Etc.)     28   See Supplemental Schedule   95,124     28a			175,395	17
20 Radiology and X-Ray 2,673 21 Other Medical Services 23,607 22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284  D. Non-Operating Revenue 24 Contributions 25 Interest and Other Investment Income*** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):**** 27 Settlement Income (Insurance, Legal, Etc.) 28 See Supplemental Schedule 295,124		* *		18
21 Other Medical Services 22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284  D. Non-Operating Revenue 24 Contributions 25 Interest and Other Investment Income*** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.) 28 See Supplemental Schedule 295,124				19
22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 208,284  D. Non-Operating Revenue 24 Contributions 25 Interest and Other Investment Income*** 6,451  26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  95,124	20		2,673	20
23 SUBTOTAL Other Operating Revenue (lines 9 thru 22 \$ 208,284  D. Non-Operating Revenue  24 Contributions  25 Interest and Other Investment Income***  26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  95,124			23,607	21
D. Non-Operating Revenue  24 Contributions  25 Interest and Other Investment Income***  26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  295,124		•		22
24 Contributions 25 Interest and Other Investment Income*** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  28a	23		\$ 208,284	23
25 Interest and Other Investment Income***  26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  28a				
26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 6,451  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  28a				24
E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  28a			6,451	25
27 Settlement Income (Insurance, Legal, Etc.)  28 See Supplemental Schedule  28a  95,124	26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 6,451	26
28 See Supplemental Schedule 95,124 28a		E. Other Revenue (specify):****		
28a				27
		See Supplemental Schedule	95,124	28
20 SUDTOTAL Other Devenue (lines 27, 29 and 29a)   6   05,124				28a
29 SUBTOTAL Other Revenue (lines 27, 28 and 28a) \$ 95,124	29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 95,124	29
30 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) \$ 10,042,026	30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,042,026	30

CVCIIC	ac against expense.	2	
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,756,673	31
32	Health Care	3,827,536	32
33	General Administration	3,501,732	33
	B. Capital Expense		
34	Ownership	1,376,898	34
	C. Ancillary Expense		
35	Special Cost Centers	493,486	35
36	Provider Participation Fee	149,468	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,105,793	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,063,767)	41
42	Income Taxes	·	42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,063,767)	43

- This must agree with page 4, line 45, column 4.
- Does this agree with taxable income (loss) per Federal Income Cash Basis If not, please attach a reconciliation. Tax Return?
- \*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

<sup>\*\*\*\*</sup>Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Clark Manor Cnv Center # 0038596 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	(This schedule must cover the	1	2**	3	4	
		# of Hrs.	# of Hrs.	Reporting Period	Average	
		Actually	Paid and	Total Salaries,	Hourly	
		Worked	Accrued	Wages	Wage	
1	Director of Nursing	2,000	2,080	\$ 81,250	\$ 39.06	1
2	Assistant Director of Nursing	2,541	2,845	90,907	31.95	2
3	Registered Nurses	33,093	36,079	967,726	26.82	3
4	Licensed Practical Nurses	15,410	16,738	374,877	22.40	4
5	CNAs & Orderlies	129,308	147,627	1,318,828	8.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	13,804	15,823	317,801	20.08	8
9	Activity Director	2,080	2,240	49,121	21.93	9
	Activity Assistants	10,770	11,928	112,601	9.44	10
11	Social Service Workers	16,811	18,476	215,958	11.69	11
	Dietician					12
13	Food Service Supervisor	2,080	2,252	40,338	17.91	13
	Head Cook	5,792	6,480	67,672	10.44	14
	Cook Helpers/Assistants	21,820	24,025	208,756	8.69	15
	Dishwashers					16
	Maintenance Workers	2,160	2,288	29,916	13.08	17
	Housekeepers	29,406	32,757	286,186	8.74	18
	Laundry	11,866	13,323	109,250	8.20	19
	Administrator	2,080	2,134	83,418	39.09	20
21	Assistant Administrator					21
	Other Administrative	2,080	2,080	24,024	11.55	22
	Office Manager					23
	Clerical	9,515	10,027	149,467	14.91	24
25	Vocational Instruction					25
	Academic Instruction					26
	Medical Director					27
	Qualified MR Prof. (QMRP)					28
	Resident Services Coordinator					29
	Habilitation Aides (DD Homes)					30
	Medical Records	2,506	2,746	34,092	12.42	31
	Other Health Care(specify)					32
33	Other(specify) See Supplemental					33

315,122

351,948

# B. CONSULTANT SERVICES

		1	2	3	
		Number	Total Consultant	Schedule V	
		of Hrs.	Cost for	Line &	
		Paid &	Reporting	Column	
		Accrued	Period	Reference	
35	Dietary Consultant	Monthly	\$ 14,400	01-03	35
36	Medical Director	Monthly	26,250	09-03	36
37	Medical Records Consultant	Monthly	4,224	10-03	37
38	Nurse Consultant	1,357	33,904	10-03	38
39	Pharmacist Consultant	Monthly	5,700	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	194	7,481	12-03	45
46	Other(specify) Restorative Rehab	Monthly	1,361	10A-03	46
47	Kosher Supervision	Monthly	3,437	01-03	47
48					48
49	TOTAL (lines 35 - 48)	1,551	\$ 96,757		49
177	101AL (IIICS 33 - 40)	1,331	φ 20,737	1	1 77

Page 20

# C. CONTRACT NURSES

34 SEE ACCOUNTANTS' COMPILATION REPORT

		1	2	3	
		Number		Schedule V	
		of Hrs.	Total	Line &	
		Paid &	Contract	Column	
		Accrued	Wages	Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	<b>TOTAL</b> (lines 50 - 52)		\$		53

34 TOTAL (lines 1 - 33)

4,562,188 \*

12.96

<sup>\*</sup> This total must agree with page 4, column 1, line 45.

<sup>\*\*</sup> See instructions.

STATE OF ILLINOI	STATE OF ILLINOIS					
# 0038596	Report Period Beginning:	01/01/05	<b>Ending:</b>	12/31/05		

\*\*See instructions.

				STATE OF ILLINOIS				Page	
	ark Manor Cnv Center			# 0038596	Rep	ort Period Beg	ginning: 01/01/05 Ending	<b>;:</b>	12/31/05
XIX. SUPPORT SCHEDULES									
A. Administrative Salaries	Owners	hip		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotion	ons	
Name	Function %		Amount	Description		Amount	Description		Amount
Mark Schlichting	Administrator 0	\$	83,418	Workers' Compensation Insurance	\$	55,217	IDPH License Fee	<b>\$</b> _	
Morris Schabes	Administrator 1.32		24,024	<b>Unemployment Compensation Insurance</b>		30,170	Advertising: Employee Recruitment	_	1,905
				FICA Taxes		343,606	<b>Health Care Worker Background Check</b>	_	236
				<b>Employee Health Insurance</b>		418,614	(Indicate # of checks performed 20	) _	
				<b>Employee Meals</b>		91,980	Dues-ICLTC		15,928
				Illinois Municipal Retirement Fund (IMRF)*			<b>Dues and Subscriptions</b>		215
				Chicago Head Tax		9,564	Inspections		208
TOTAL (agree to Schedule V, line 1	7, col. 1)			Disability Insurance		3,453	Licenses	_	6,535
(List each licensed administrator se	parately.)	\$	107,442	401K		35,322	Yellow Pages		527
B. Administrative - Other		<u>-</u>		Holiday Expense		8,708	See supplemental page		(2,190)
				Life Insurance - Employee	_	1,889	Less: Public Relations Expense	(	
Description			Amount				Non-allowable advertising	( -	
J.S. Affiliates-Admin. Fees		\$	360,000				Yellow page advertising	_	(527)
JLR Mgmt-Mgmt Fees			202,500					_	
Ella Mitchell-Admin. Adjusted Out	Pg 5A		450	TOTAL (agree to Schedule V,	\$	998,523	TOTAL (agree to Sch. V,	\$	22,837
See Supplemetal Schedule			1,113,045	line 22, col.8)	-		line 20, col. 8)	_	
TOTAL (agree to Schedule V, line 1	7, col. 3)	\$	1,675,995	E. Schedule of Non-Cash Compensation Paid			G. Schedule of Travel and Seminar**		
(Attach a copy of any management s	service agreement)	=		to Owners or Employees					
C. Professional Services	<u> </u>			1			Description		Amount
Vendor/Payee	Type		Amount	Description Line #		Amount	_		
Personnel Planners	<b>Unemployment Consulting</b>	<b>g</b> \$	1,950	1	\$		Out-of-State Travel	\$	
Law Offices-Harold Moskowitz	Legal		2,327					_	
Gomber, Sharfman, Gold, & Ostle	Legal		366					_	
Neal, Gerber & Eisenberg LLP	Legal		2,950				In-State Travel	_	
Adducci, Dorf, Lehner, Mitchell	Legal		3,500					_	
William E. Lasko II, P.C.	Legal		2,765					_	
Winston & Strawn LLP	Legal		8,579					_	
Azulay, Horn & Seiden, LLC	Legal		945				Seminar Expense	_	5,589
Porikos, Rodes, & Glavinskas	Legal		3,430				£	_	- 7
Clarendon America Insurance	Legal		5,000					_	
FR&R	Accounting		52,500					_	
See Supplemental Schedule			20,971			_	Entertainment Expense	( -	
TOTAL (agree to Schedule V, line 1	9. column 3)		20,271	TOTAL	\$		(agree to Sch. V,	` –	
(If total legal fees exceed \$2500 attack		\$	105,283		Ť=		TOTAL line 24, col. 8)	\$	5,589
ii totai legai lees exceed \$2500 atta	ch copy of invoices.)	<b></b>	105,265				101AL line 24, col. 6)	<b>P</b>	3,30

\* Attach copy of IMRF notifications SEE ACCOUNTANTS' COMPILATION REPORT

	1	2	3	4	5	6	7	8	9	10	11	12	13
		Month & Year						Amount of	Expense Amor	tized Per Year	•		
	Improvement Type	Improvement Was Made	Total Cost	Useful Life	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Fo elli4-		STATE (	OF ILLINOIS 0038596	Donout Donio d Donimino.	01/01/05	En din or	Page 23
	y Name & ID Number Clark Manor Cnv Center ENERAL INFORMATION:	#	0038390	Report Period Beginning:	01/01/05	Ending:	12/31/05
	Are nursing employees (RN,LPN,NA) represented by a union?  Yes	(13)	Have costs for all	supplies and services which are of the	type that can	be billed to	
(1)	The huising employees (ICL), DETA, IVA Tepresented by a union.	(13)		addition to the daily rate, been prope		be billed to	
(2)	Are there any dues to nursing home associations included on the cost report?  If YES, give association name and amount.  ICLTC-\$=15,523.40		in the Ancillary S	ection of Schedule V? Yes	_		
(3)	Did the nursing home make political contributions or payments to a political action organization?  Yes  If YES, have these costs been properly adjusted out of the cost report?  Yes		the patient census is a portion of the	building used for any function other t listed on page 2, Section B? No building used for rental, a pharmacy, explains how all related costs were all	day care, etc.)	For exampl If YES, attac	e,
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity?		Indicate the cost of on Schedule V. related costs?			been offset ag	ainst
(5)	Have you properly capitalized all major repairs and equipment purchases?  What was the average life used for new equipment added during this period?  Yes  10 Years		Travel and Transp	portation included for out-of-state travel?	No		
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 3,026 Line 10-02		If YES, attach a	a complete explanation. separate contract with the Department	to provide me		
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.		program during c. What percent of	this reporting period. \$ N/A f all travel expense relates to transport sage logs been maintained? No			
(8)	Are you presently operating under a sale and leaseback arrangement?  If YES, give effective date of lease.  No  No		e. Are all vehicles times when not	stored at the nursing home during the	_		
(9)	Are you presently operating under a sublease agreement? YES NO	)	out of the cost i	report? N/A			
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over.	7,	Indicate the	lity transport residents to and from pondont of income earned from pon during this reporting period.	roviding suc		No
		(17)		performed by an independent certifie	d public accor		
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.  \$ 149,468  This amount is to be recorded on line 42 of Schedule V.		Firm Name: cost report require been attached?	that a copy of this audit be included  If no, please explain.	with the cost 1		tions for the is copy
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.		out of Schedule V				
	SEE ACCOUNTANTS' COMPILATION REPORT	(19)	performed been at	are in excess of \$2500, have legal involuted to this cost report?  Yes and a summary of services for all archives.		-	ices